

F/5000005323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

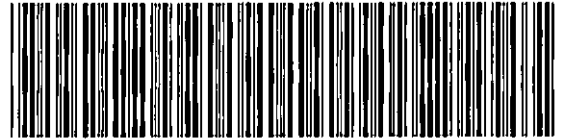
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200315266582

18 JUN 29 AM 10:53

18 JUN 29 AM 11:45

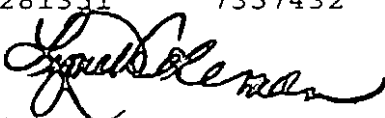
FILED
CLERK OF STATE
OFFICE OF CORPORATIONS

Ra Change

JUL 02 2018

D CUSHING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 281351 7357432
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : June 29, 2018
ORDER TIME : 10:15 AM
ORDER NO. : 281351-015
CUSTOMER NO: 7357432

CHANGE OF AGENT

NAME: SEVEN SEAS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

FILED
JUN 29 AM 11:16
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEVEN SEAS, INC.

Name of Corporation

DOCUMENT NUMBER: F15000005323

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Layman

Name of Contact Person

Seven Seas, Inc.

Firm/Company

901 Bridge Street

Address

Winston-Salem, NC 27101

City/State and Zip Code

controller@7seasinc.com

E-mail address: (to be used for future annual report notification)

FILED
STATE
DIVISION OF CORPORATIONS
18 JUN 29 AM 11:46

For further information concerning this matter, please call:

Lori Layman

Name of Contact Person

at (336) 283-0401

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEVEN SEAS, INC.
2. The principal office address: 901 Bridge St., Winston-Salem, NC 27101
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/2015 Document number: F15000005323
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bonzheim, Kara

307 Petrel Trail

Bradenton

FL 34212

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jonathan C. Moss
Signature of an officer or director

Jonathan C. Moss President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: Roxanne Turner
Signature of Registered Agent

6/29/18
Date

If signing on behalf of an entity:

Roxanne Turner
Asst. Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
DIVISION OF STATE
CORPORATIONS
18 JUN 29 AM 11:46